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CONFIRMATION NO. 5489

SERIAL NUMBER 09/778,154	FILING OR 371(c) DATE 02/05/2001 RULE	CLASS 514	GROUP ART UNIT 1639	ATTORNEY DOCKET NO. APAP31191-A 072852.0117
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APPLICANTS

Seo Hong Yoo, Wyckoff, NJ;

**** CONTINUING DATA *******

This application is a CIP of 09/357,549 07/20/1999 PAT 6,251,428
 which claims benefit of 60/094,069 07/24/1998

This application 09/778,154
 claims benefit of 60/180,268 02/04/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 12	TOTAL CLAIMS 87	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

31625

TITLE

Preparation of aqueous clear solution dosage forms with bile acids

FILING FEE RECEIVED 2097	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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